✝ ℓℓℓℓ⁵

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/598,458
	Filing Date	
	First Named Inventor	Bernhard WESSLING
	Title	A COMPOSITION COMPRISING A CONDUCTIVE POLYMER IN COLLOIDAL FORM AND CARBON
	Art Unit	
	Examiner Name	
	Attorney Docket Number	UEX.08

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

[✔] Practitioners associated with the Customer Number: **25871**

OR

[ ] Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

[✔] The address associated with the above-mentioned Customer Number:

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City		State		Zip	
Country	
Telephone		Fax	

I am the:

[ ] Applicant/Inventor.

[✔] Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	*(signature)*	Date	28/09/2006
Name	DR. BERNHARD WESSLING	Telephone	
Title and Company	ORMECON GMBH ,President and Managing Partner		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

[✔] *Total of 2 forms are submitted.